

2009 Milwaukee Wave Summer Soccer Camps in Wales







June 22 - 26, 2009 at Wales Community Park

For more information, call the Wave office at (414) 224-9283

www.milwaukeewave.com

Use registration form on the other side to sign up your child for Wave Soccer Camp today!



2009 SUMMER SOCCER CAMPS

Dates	Camp #	City	Location	
June 22 - 26	9	Wales	Wales Community Park	

Each Camper Receives: Soccer Ball • Official Camp T-Shirt • Certificate of Participation

PLEASE PRINT IN P	EN		List child's age at time of ca	amp: 1 2
1. Name		D.O.B.		
2. Name			Boy or Girl (Circle One)	
Parent Name				
Home Phone (Emergency Phone	e()	
Address				
City			State	Zip
	ocation Wales Communit	y Park	Referral Program	
E-mail			Name:	
Did you attend War	ve Camp(s) last year?	Yes No	Phone: ()
Day Camp Program			Facility Billion (1997)	Moliticated December
Half-Da Full-Da Place K	ckers Camp \$150 by Camp \$150 y Camp \$190 licker Camp \$125 (Grades 5-8) licker Camp \$225 (Grades 9-12)	Team Camps \$160 (per player) Striker / Goalkeeper \$150 (Half-Day) Striker / Goalkeeper \$190 (Full-Day) Futsal/Agility \$150 (Half-Day ONLY)	did not attend	\$140.00 8405 \$120.00 8405 \$400.00 8405.
Select Ove	OF COLUMN TO COL	e) Field Player / Goalkeeper \$450	Important Tax Information - The	tution amounts are tax deductible.
Commuter	(Circle one) Field Player	/ Goalkeeper \$375		
T-Shirt Option (Se	elect Size): Youth Size:	Y10/12 Adult Sizes: Sn	nall Medium	Large X-Large
(Please note	e: No lunch break offered for Futs	one option for the week) Cousins Susal, Overnight or Team Camps) bottle \$5 Official Wave team		
			Total Amount D	
Payments: Balar	ice due one week before de	esignated camp, or \$30 administration t	tee All down navments	
			ice. All down payments	are non-refundable.
		amp Programs \$50 per child	tee. All down payments	are non-refundable.
			ice. All down payments	are non-refundable.
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Down payr Total Amount Enclo Payment Method: Credit Card # Credit Card customer office at (414) 224-92 Walver (Please read, then: The parent or guardian signing by the according to histher best judgmy hybrids. Illnessed, or loss of payr hybrids. Illnessed, or loss of payr	ment required for all Overnigosed \$ Check Visa Check Visa Check Visa Check Visa Check Visa Check Visa Make checks pa Sign and date):	amp Programs \$50 per child ght Academy Programs \$150 per child aMCAm Exp 414) 224-9290, or for more information visit ayable and mail to: Milwauk Milwauk se of an emergency: L parent or guardian of the participant, hereby as an architecture and employees, or inches or guardian must inform must enform the Measurable Wiw of drift special heads or guardian must enform the Measurable Wiw of drift special heads	Discover us online at www.milwaukeew kee Wave Camps Kilbourn Ave (Suite B) kee, WI 53203 uthoritis the signification of Milwaukee Wilve Sund the comer and operation of Milwaukee Wilve Sund to reads. I also consent to the late by the Milwau	Exp. Date rave.com or call the Wave
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Down payr Total Amount Enclo Payment Method: Credit Card # Credit Card customer office at (414) 224-92 Walver (Please read, then The parent or guardian signing the me according to health out judgs any injuries. Illnesses, or loss of p poole in poolection with this suite Signature	ment required for all Overnigosed \$ Check Visa Check Visa Check Visa Check Visa Check Visa Check Visa Make checks pa Sign and date):	amp Programs \$50 per child ght Academy Programs \$150 per child a MC Am Exp 414) 224-9290, or for more information visit ayable and mail to: Milwauk 510 W. I Milwauk se of an emergency. I person or guardian of the participant, hereby as an orderery wave and minuse agents, officers and employees, or this or guardians must reform the Measukse Wive of arry special head solor sisceness and/or voice without further compensation. Adult participant is a second of the participant of the person	Discover us online at www.milwaukeew kee Wave Camps Kilbourn Ave (Suite B) kee, WI 53203 uthoritie the signet, officer or employee of the Milwithe comer and operation of Milwaukee Wave Sum th reads. I alies consent to the use by the Milwau point's signature for the agreement above.	Exp. Date